

Dental Care Services Review Miami-Dade County Ryan White Providers

Agency reviewed

___ Episodic Care

Name of reviewer

Date of review

Date of initial visit

Date of last visit

If client not reviewed why not

*Note reason(s) a record from the sample list was not reviewed,
i.e. not available, not seen in time frame etc.*

Client Intake

1. There is proof of client's HIV status or a current (not more than 6 mos. before DOS) Ryan White Certified Referral.
 - YES There is proof of HIV status as evidenced by ELISA and Western Blot.
 - YES There is proof of HIV status as evidenced by a signed, dated physician's statement on letterhead.
 - YES There is a current (not more than 6 mos. before DOS) certified referral.
 - NO There is no proof of HIV status or no current referral.

2. There is evidence of financial eligibility in the client's file or a current (not more than 6 mos. before DOS) Ryan White Certified Referral.
 - YES There is evidence of Ryan White financial eligibility (W-2, copies of pay checks, case notice letter, signed employer statement, notarized letter of support, documentation of non-employment (State Unemployment Office).
 - YES There is a current (not more than 6 mos. before DOS) certified referral.
 - NO There is no evidence of Ryan White financial eligibility.

3. There is evidence client is a permanent resident of Miami-Dade County.
 - YES Picture ID with Miami-Dade address, Miami-Dade County utility bill in client's name, lease, mortgage or rent receipts in client name, declaration of domicile (obtain at courthouse).
 - YES There is a current (not more than 6 mos. before DOS) certified referral.
 - NO There is no evidence that client is a permanent resident of Miami-Dade County.

4. There is a signed and dated Consent to Release and Exchange Information in the SDIS.
 - YES There is a signed and dated Consent to Release and Exchange Information in the SDIS.
 - YES There is a current (not more than 6 mos. before DOS) certified referral.
 - NO There is no Consent to Release and Exchange Information in the SDIS.
 - NO The Consent to Release and Exchange is present but not signed and/or not dated.
 - NO The certified referral is not present or is not current.

5. Socio-demographic data includes at least address, phone number, emergency information, age, race/ethnicity and gender.
 - YES All six cited socio-demographic elements are included in record.
 - NO One or more of cited socio-demographic elements is missing.
6. Informed consent for general treatment signed? (Required once only)
 - YES There is a signed consent for treatment on the record.
 - NO There is no consent for treatment.
 - NO Consent is present but not signed.

Medical History

7. There is an initial comprehensive medical history (health questionnaire) that includes medications and conditions that may affect the diagnosis and management of oral health.
 - YES There is a comprehensive medical history as defined.
 - NO There is no comprehensive medical history.
 - NO Medical history is incomplete.
8. The initial comprehensive medical history is signed and dated by the patient and dentist.
 - YES Initial medical history is signed and dated by both patient and dentist.
 - NO Initial medical history is absent.
 - NO Initial medical history is not signed or not dated by both patient and dentist.
9. Medical conditions and/or medications requiring an alert are flagged.
 - YES Medical conditions and/or medications requiring an alert are flagged.
 - NO Medical conditions and/or medications requiring an alert are not flagged.
 - NA Medical history does not indicate conditions or medications requiring a flag at this time.
10. The medical history is updated every six months or at the next appointment after six months and any change is noted.
 - YES Medical history is updated per dates and initials on the medical history form every six months or at next appointment after six months.
 - YES Medical history is updated as reflected in the progress notes with date and signature every six months or at next appointment after 6 months.
 - NO There is no evidence medical history form has been updated.
 - NO Medical history form is updated but:
 - initials, signatures or dates are missing.
 - update is not within 6 mos. or at next appointment after 6 mos.
 - NO Progress notes do not reflect medical history update.
 - NO Progress notes reflect medical history update but:
 - signatures or dates are missing.
 - update is not within 6 mos. or at next appointment after 6 mos.
 - NA If there were no further visits and no-show is documented OR all visits were within six months of last update.
 - NA Episodic Care

11. Allergies or NKA (No Known Allergies) are prominently noted.
 YES Allergies or NKA prominently noted.
 NO Allergies or lack of allergies is not documented prominently.
12. A dental history is taken that includes:
 - a. Problems with or reactions to anesthesia YES NO
 - b. Specific or chief complaint(s), if any YES NO NA (follow up visit)
 - c. Problems with previous treatment, if any YES NO NA (no previous treatment)

Treatment/Service Plan

13. There is a treatment plan in the progress notes or on a form.
 YES There is a treatment plan for dental care in the progress notes.
 YES There is a completed treatment plan form.
 NO There is no documentation of the treatment planned for patient.
14. All progress notes are legible, dated and signed by the provider.
 YES Progress notes are legible and dated and signed by the provider.
 NO Progress notes are illegible.
 NO Progress notes are not dated or not signed by provider.
15. Documentation of services (treatment) rendered contains, at a minimum, the following:

a. Date of service	YES	NO	
b. Tooth number, if appropriate	YES	NO	NA
c. Description of the service	YES	NO	
d. Anesthetic used, if any – including strength and quantity	YES	NO	NA
e. Materials used, if any	YES	NO	NA
f. Prescriptions or medications dispensed including name of drug; quantity and dosage	YES	NO	NA
g. Education provided	YES	NO	NA
h. Signature and title	YES	NO	
16. There is a comprehensive or problem-focused oral exam that includes:

Comprehensive:	NA (episodic care, follow up or problem focused exam)		
a. Cavity charting	YES	NO	
b. Complete periodontal exam or periodontal screening record	YES	NO	
c. Documentation of restorations and prosthesis	YES	NO	
d. Full mouth radiographs	YES	NO	
e. Pre-existent condition(s)	YES	NO	
f. Disease presence	YES	NO	
g. Structural anomalies	YES	NO	NA
h. Oral hygiene instruction provided	YES	NO	

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|----|--|-----|----|----|
| i. | Prescriptions or medications dispensed including name of drug; quantity and dosage | YES | NO | NA |
| j. | Education provided | YES | NO | |
- Problem-Focused: (follow up or episodic care)
- | | | | | |
|----|--|-----|----|----|
| a. | Chief complaint is documented | YES | NO | |
| b. | Problem focused evaluation is performed | YES | NO | |
| c. | Prescriptions or medications dispensed include name of drug; quantity and dosage | YES | NO | NA |
| d. | Radiographs as necessary | YES | NO | NA |
| e. | Specific oral treatment plan developed | YES | NO | |
| f. | Education provided | YES | NO | |
| g. | Return for further evaluation documented | YES | NO | NA |
17. Charting of the examination findings/treatment is completed in the appropriate tooth grids.
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|-----|---|
| YES | Exam findings and treatment are documented in appropriate tooth grids. |
| NO | Exam findings or treatment are not documented on appropriate tooth grids. |
| NA | Episodic Care |
18. There is an informed consent prior to any/all new oral surgery procedures that includes the risks, benefits, alternatives and the consequences of not having procedure.
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| YES | There is a signed consent for treatment and/or an informed consent, as defined, for any surgical procedures. |
| NO | There is no signed consent for treatment or there is no informed consent when procedure performed. |
| NA | No oral surgery performed. |
19. Reason for client refusal of radiographs/treatment is documented.
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| YES | Reason for client refusal of treatment is documented on a form with patient signature and date. |
| YES | Reason for client refusal is documented in progress notes with DDS signature, patient initials and date. |
| NO | Recommended or requested service not performed and no reason documented. |
| NA | No treatment or radiographs refused by client. |
20. Reason for dentist's refusal to perform a requested treatment is documented.
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| YES | Reason for dentist refusal of treatment is documented. |
| NO | Recommended or requested service not performed and no reason documented. |
| NA | No treatment refused by dentist. |
21. Periodontal maintenance is performed according to treatment plan or at next appointment if later than six months.
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| YES | Periodontal maintenance is performed according to treatment plan. |
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| YES | Periodontal maintenance is performed according to treatment plan or at next appointment, if client does not maintain appointments per treatment plan. |
| NO | Periodontal maintenance is not performed according to treatment plan, or at next appointment if client does not maintain appointments per treatment plan. |
| NA | Patient does not come for maintenance and no show is documented. |
| NA | Episodic Care |
22. Treatment provided for oral opportunistic infection (when indicated) is coordinated with the client's PCP.
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| YES | There is evidence of collaboration with PCP in treating oral OI(s). |
| NO | Patient is being treated for oral OI and there is no evidence of collaboration with PCP. |
| NA | Patient is not being treated for any oral OI. |

Referral

23. There is documentation of the condition and referral to a specific specialty or ancillary service provider.
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| YES | Condition is documented: patient is referred to a specific specialty or ancillary care provider. |
| NO | Patient is referred to a specific specialty or ancillary care provider but no condition is documented. |
| NA | Patient has not been referred to a specialty or ancillary care. |
24. There is documentation of heavy tobacco use and a referral to a tobacco counseling program has been made.
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| YES | There is documentation of heavy tobacco use and a referral to a tobacco counseling program. |
| NO | There is documentation of heavy tobacco use, but no referral has been made. |
| NA | Client does not use tobacco products. |
25. There is documentation of nutritional problems and a referral to a nutritionist has been made.
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| YES | There is documentation of nutritional problems and a referral to a nutritionist has been made. |
| NO | There is documentation of nutritional problems, but no referral has been made. |
| NA | There is no indication of nutritional problems. |

Client Education

26. There is evidence of education in preventive oral health practices including hygiene every six months or at next appointment if later than six months.
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| YES | Provision of preventive oral health and hygiene education is documented. |
| NO | Provision of preventive oral health and hygiene education is not documented. |
| NA | Episodic Care |

27. There is evidence that education, if appropriate, was provided concerning tobacco use.

YES Provision of tobacco counseling is documented.

NO Record indicates patient uses tobacco products, but no documentation of tobacco counseling was provided.

NA No indication patient uses tobacco products.

NA Episodic Care

28. There is evidence nutritional education as related to oral health was provided.

YES Provision of nutritional counseling as related to oral health is documented.

NO Provision of nutritional counseling as related to oral health is not documented.

NA Episodic Care